



Massachusetts Department of Environmental Protection  
Environmental Results Program  
**2004 Spill or Release Report Summary**

\_\_\_\_\_  
Facility Name

\_\_\_\_\_  
Facility ID#

\_\_\_\_\_  
Town

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## Instructions

Complete one report for each spill or discharge. If you had more than two such events attach additional copies of this form.

**Important:**  
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Note: only report those spills or releases that were required to be reported to DEP at the time of the event.

Please see the workbook for more information on the types of spills or releases that must be reported.

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## Reportable Spill or Release #1

1. Name of pollutant released or chemical spilled:

\_\_\_\_\_  
Pollutant or Chemical

\_\_\_\_\_  
Date of Spill Release (MM/DD/YYYY)

\_\_\_\_\_  
Date of Report to DEP (MM/DD/YYYY)

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## Reportable Spill or Release #2

2. Name of pollutant released or chemical spilled:

\_\_\_\_\_  
Pollutant or Chemical

\_\_\_\_\_  
Date of Spill Release (MM/DD/YYYY)

\_\_\_\_\_  
Date of Report to DEP (MM/DD/YYYY)